PAGE 1 / 8

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Author	ized Com	nittee			Office Use Only
NAME OF TYPE COMMITTEE (in full)	E OR PRINT ▼		ample: If typing or the lines.	g, type	12FE4M5	
Cohn for Congress						ı
ADDRESS (number and street)	03 Hampton Lake D	rive				
Check if different						
than previously reported. (ACC)	ampa 				FL 3	33647
2. FEC IDENTIFICATION NUMBI	ER ▼	CITY			STATE	ZIP CODE A STATE ▼ DISTRICT
C C00548537		IS THIS REPORT	× NEW (N)	OR	AMEND (A)	ED FL 15
4. TYPE OF REPORT (Choose (One)					
(a) Quarterly Reports:	(b)	12-Day PRE-	Election Repo	rt for the:		
			Primary (12P)		General (12	2G) Runoff (12R)
April 15 Quarterly Report	t (Q1)	П	Convention (12C)	Special (12	2S)
X July 15 Quarterly Report	(Q2)	_	`	,		
October 15 Quarterly Re	port (Q3)	Election on	M M /	D D /	Y " Y " Y " Y	in the State of
January 31 Year-End Rep	oort (YE) (c) 3	30-Day POS	r -Election Rep	ort for the:		
			General (30G		Runoff (30)	R) Special (30S)
Termination Report (TER)		Election on	M M /	D D /	Y Y Y	in the State of
5. Covering Period 04		015 Y	through	M M M M 06	/ 30 /	Y Y Y Y Y 2015
I certify that I have examined this Re	port and to the be	est of my kn	owledge and l	pelief it is ti	rue, correct and	complete.
Type or Print Name of Treasurer B	ob A Friedman					
Signature of Treasurer Bob A Frie	dman		[Electronically I	Filed] [Date 07	/ DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroneous,	or incomplete infor	mation may	subject the per	son signing	this Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 8

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Cohn for	Congress
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R	eport	Covering the Period: From:	04 / 01 / Y Y Y Y Y Y TO:	06 / 30 / Y 2015
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	58.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	58.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	1089.33	21001.70
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	1685.60
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1089.33	19316.10
8.		h on Hand at Close of orting Period (from Line 27)	6545.26	
9.	the	ts and Obligations Owed TO Committee (Itemize all on edule C and/or Schedule D)	0.00	
10.	the	ts and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003) Write or Type Committee Name

PAGE 3/8

Cohn for Congress

04 01 06 2015 2015 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)...... 0.00 58.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 58.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 0.00 58.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 1685.60 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 1743.60 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4/8

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	1089.33	21001.70
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	898.00	5178.32
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	1987.33	26180.02
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	8532.59
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		8532.59
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	1987.33
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	6545.26

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 5 OF 8 (check only one) X 17		
					erson for the purpose of soliciting contributions to solicit contributions from such committee.		
\rangle	NAME OF COMMITTEE (In Full) Cohn for Congress						
۱.	Full Name (Last, First, Middle Initial) Florida Department of Reve	nue			Date of Disbursement		
	Mailing Address 5050 W Tennessee St	04 10 7 2015					
	City Tallahassee	State FL	Zip Code 32399-6586		Amount of Each Disbursement this Period		
	Purpose of Disbursement Payroll taxes				217.09 Transaction ID: VN81X9ZBFT9		
	Candidate Name			Category/ Type			
	Office Sought: House Senate President	Disbursement For: Primary Other (s	General				
	State: District: Full Name (Last, First, Middle Initial)						
3.	Florida Department of Reve	enue			Date of Disbursement M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y		
	City	State	Zip Code				
	Tallahassee	FL	32399-6586		Amount of Each Disbursement this Period		
	Purpose of Disbursement Payroll taxes	7 L 32399-0300			263.49		
	Candidate Name			Category/ Type	Transaction ID: VN81X9ZBFV7		
	Office Sought: House Senate President	Disbursement For: Primary Other (s	General				
	State: District: Full Name (Last, First, Middle Initial)						
).	Google				Date of Disbursement		
	ailing Address 1600 Amphitheatre Pkwy				04 / D D / Y Y Y Y Y O6 2015		
	City		Code 4043-1351		Amount of Each Disbursement this Period		
	Mountain View Purpose of Disbursement Software	30.00					
	Candidate Name			Category/ Type	Transaction ID: VN81X9ZBFQ5		
	Office Sought: House Senate President	Disbursement Formary Primary Other (s	X General				
	State: District:						
					510 58		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

ITEMIZED DISBURSEMENTS

PAGE 6 8 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Cohn for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Google 2015 Mailing Address 1600 Amphitheatre Pkwy 05 06 City State Zip Code Amount of Each Disbursement this Period CA Mountain View 94043-1351 Purpose of Disbursement 30.00 Software Transaction ID: VN81X9ZBFR3 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House X General Senate Primary Other (specify) President District: State: Full Name (Last, First, Middle Initial) Google Date of Disbursement Mailing Address 1600 Amphitheatre Pkwy 06 06 2015 City State Zip Code Amount of Each Disbursement this Period CA 94043-1351 Mountain View 30.00 Purpose of Disbursement Software Transaction ID: VN81X9ZBFS1 Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) c. NGP VAN, Inc Date of Disbursement Mailing Address 1101 15th St NW 04 03 2015 Ste 500 City State Zip Code Amount of Each Disbursement this Period 20005-5006 Washington DC 125.00 Purpose of Disbursement Software Transaction ID: VN81X9ZBFP7 Candidate Name Category/ Type Office Sought: Disbursement For: 2014 House X General Primary Senate President Other (specify) State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

185.00

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sol for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 7 OF 8 (check only one) X 17
	ny information copied from such Reports and Statements for commercial purposes, other than using the name an			
	NAME OF COMMITTEE (In Full) Cohn for Congress			
Α.	Full Name (Last, First, Middle Initial) PCMS LLC			Date of Disbursement
	Mailing Address 1050 17th St NW Ste 590			04 06 2015
	City State Washington DC	Zip Code 20036-5592		Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting services			301.25 Transaction ID: VN81X9ZBF53
	Candidate Name		Category/ Type	Transaction in . VNOTA92BF33
			, , , , , , , , , , , , , , , , , , ,	
— В.	State: District: Full Name (Last, First, Middle Initial) PCMS LLC			Date of Disbursement
	Mailing Address 1050 17th St NW Ste 590		05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State Washington DC	Zip Code 20036-5592		Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting services			77.50 Transaction ID: VN81X9ZBF79
	Candidate Name		Category/ Type	Transaction is . WOTASZB173
	Office Sought: House Disbursement I Senate Prima			
	State: President Other	(specify)		
C.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			M M / D D / Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	
	Office Sought: House Senate President Disbursement I Prima Other		.,,,,,	
_	State: District:	· ·		
				378.75

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1074.33

2011EDIU E D. (EEC E			FOR LINE NUMBER: PAGE 8 OF 8			
SCHEDULE B (FEC Form 3)	Use separate schedule	e(s) (c	check only one)			
TEMIZED DISBURSEMENTS	for each category of t Detailed Summary Page		17 18 19a 19b			
Any information copied from such Deposits and Statements			20a 20b 20c X 21			
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an						
NAME OF COMMITTEE (In Full)						
Cohn for Congress						
Full Name (Last, First, Middle Initial) A HILLARY FOR AMERICA			Date of Disbursement			
A. FILLART FOR AWERICA			M M / D D / Y Y Y Y			
Mailing Address PO Box 5256		06 29 2015				
City State New York NY	Zip Code		Amount of Each Disbursement this Period			
New York NY Purpose of Disbursement	10185-5256		500.00			
Contributon			Transaction ID : VN81X9ZBFM1			
Candidate Name HILLARY RODHAM CLINTON	Ca	ategory/ Type				
Office Sought: House Disbursement F	For: 2014	1300	-			
Senate Prima	·					
State: 00 District: 00 Other	(specify)					
Full Name (Last, First, Middle Initial)						
3.			Date of Disbursement			
Mailing Address			M M M / D D / Y Y Y Y			
City State	Zip Code		Amount of Each Disbursement this Period			
Purpose of Disbursement	T					
ו שושטנום וו שטענים ווישנים וו						
Candidate Name	Ca	ategory/ Type				
Office Sought: House Disbursement F	For:	туре	-			
Senate Prima	,					
President Other State: District:	(specify)					
Full Name (Last, First, Middle Initial)						
o.			Date of Disbursement			
Mailing Address			M M / D D / Y Y Y			
	7in Codo					
City State	Zip Code		Amount of Each Disbursement this Period			
Purpose of Disbursement		$\overline{}$				
Candidate Name	Ca	ategory/				
Office Sought: House Disbursement F	For:	Туре	-			
Senate Prima						
President Other State: District:	(specify)					
Otate. DISTRUCT						
SUBTOTAL of Disbursements This Page (optional)			500.00			
			500.00			

TOTAL This Period (last page this line number only).....